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APPLICANTS

Bruce K. Johnson, Elkins, NH;

*[Signature]* *No*

\*\* CONTINUING DATA \*\*\*\*\* *No*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 02/13/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NH	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
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35 USC 119 (a-d) conditions met  
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged  
*[Signature]* *[Initials]*  
 Examiner's Signature Initials

ADDRESS  
 20349  
 POLAROID CORPORATION  
 PATENT DEPARTMENT  
 1265 MAIN STREET  
 WALTHAM, MA  
 02451

TITLE  
 Digital imaging device

FILING FEE  RECEIVED 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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